

7380 S. North Cape Rd
Franklin, WI 53132

Teacher Name: _____

Field Trip Location					
Date of Trip		\$ Per Child		\$ Per Chaperone	

Student Last/First	Chk #/Cash	\$ Paid	Chaperone Last/First	Chk #/Cash	\$ Paid
Total \$:			Total \$:		

Office Use Only			
Total \$ Rcvd: _____	Deposit Date: _____	Receipt #: _____	Deposit Type: _____
Date Rcvd: _____	Deposit Date: _____	Receipt #: _____	Deposit Type: _____